

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT/ATTY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5	1						55						
6							56						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		↓		↓		TOTAL IND.		↓				
TOTAL DEP.		6	↔		↔		TOTAL DEP.		↔				
TOTAL CLAIMS	8		████████		████████		TOTAL CLAIMS		████████				

BEST AVAILABLE COPY